

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
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TOTAL DEP.	19	↓		↓		↓		
TOTAL CLAIMS	20							

  

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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		↓		↓		↓		
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS